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	_ \	der the Paperwor	k Reduction Act o	# 1995, no pa	rrsons are requ	red to respond	ps a	collection of info	oroxidon unte				
	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Forth PTO-875									Application of Occupie Marion 3			
	CLAIMS AS FILED PART I (COLUMN 1) (COLUMN 2) SMALL ENTI								ENTITY	OR	OTHER THAN SMALL ENTITY		
		FOR		MUMBER FILED MUMBE				RATE	FEE		RATE	FEE	
	67	IC PEE SFR 1.16(e))								OR		٠	
		AL CLASSES CFR 1.1802)	1 11	minus 20 = •				z 5		OR	× 4		
		PERCENT CLAM SFR 1.18(N)	ε /	minus 3 *		П	x 8		OR.	× 8	·		
	MAJE	AULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))						+=		OR	+1		
	- 11	" If the difference in column 1 is less than zero, actor "O" in column 2.						TOTAL		CR	TOTAL		
	CLAIMS AS AMENDED - PART II												
		(Column 1) (Column 2) (Column 3)						SMALL E	NTITY	OR	OTHER SMALL		
11	ENT A		CLAIMS REMAINING AFTER AMENDMENT	F	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·.	RATE	ADDI- TIONAL FEE	
45/04	DME	Total pr cra 1.10(d)	. 10	Minus *	20	-	П	x s=		OR	× 4 •	FEE	
1 / '	ENDM	Independent ps/ c/s 1.585/6	. /	Minus *	- 3	-		x 4 •		OR	× ٤ •		
1	A	FIRST MESSHTATION OF MULTIPLE DEPOSICENT CLAIM (07 CFR 1.18(4))						+5 *		OR	+s. =		
6		1 Knm=						TOTAL ADD'L FEE		OR	TOTAL ADDIL FEE		
	(Columna 1) (Columna 2) (Columna 3)												
BE	ENDMENT B		CLAIMS REMAINING AFTER AMERIQUENT	F	HIGHEST MUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
4	ĕ	Total promission	.10	Minus	20	•		x s=		OR	x =		
1		fackpanded (50kt.1 810 St	•	Micros *	3			x s		OR	x s=		
4	AM	FRST PRESENTATION OF MEATIFLE DEPENDENT CLAIM (ST CFR 1.18(49)						+s=		OR	+= -		
								ADOL FEE		OR	TOTAL ADDLESEE		
		9/21	(Comma 1)		(Column 2)	_							
	ENTC		CLAIMS REMARKING AFTER AMERICMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	ENDME	Total (27 CFR 1.18)(2)	.10	Minus	20	•		x 8		OR	x 4		
	Ē	independent (17 CFR LINES)		Minus *	3	•		x s		OR	× 8=		
	AM	PRIST PRESIDITATION OF MULTIPLE DEPENDENT CLAIM (187 CPR 1.16(4))						+3a		OR	+ 8=		
								TOTAL ADD1 FEE		OR	TOTAL - ADD'L FEE		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" In Thit's SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" In Thit's SPACE is tess than 3, enter "20". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

The collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confiderfixibly is governed by 30 U.S.C. 122 and 37 CFR 1.14. This collection is satinated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this benden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Oppartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ACCRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.